

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.16</u>
SUBJECT: HEALTH CARE CO-PAY	EFFECTIVE DATE <u>01/01/06</u>
PROPONENT: <u>Robert MacLeod, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	REVIEW DATE <u>10/15/07</u> SUPERSEDES PPD# <u>6.16</u> DATED <u>04/15/04</u>
ISSUING OFFICER: <u>William Wrenn, Commissioner</u>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To establish a policy and procedure for inmate co-payment fees for medical/dental services.

II. APPLICABILITY:

To all staff and inmates.

III. POLICY:

It is the policy of the Department of Corrections that:

- A. Inmates will be charged a \$3.00 co payment for inmate initiated medical/dental sick call visits. No inmate will be refused medical treatment due to a lack of funds.
- B. Inmates will not be charged a co-payment fee for incidents of staff verified emergency visits.
- C. Maximum security and punitive segregation inmates will not be charged a co-payment fee unless the inmate requested to be seen.
- D. There will be no charge for initial prosthetic/functional aid devices as determined to be medically necessary by the Health Services Center. However, inmates will be charged the full replacement or repair cost for devices that are lost, damaged or abused.
- E. Inmates will be charged the actual costs for all willfully or accidentally caused injuries to themselves or others, if they are found guilty of a rule infraction after a disciplinary hearing.

IV. PROCEDURES

- A. The following timetables for prosthetic/functional aids will apply:

1. **EYEWEAR:** The following timetable will be followed for eye exams:
 - a. Inmates age 18 to 40 may have one exam every 36 months
 - b. Inmates age 41 to 60 may have one exam every 24 months
 - c. Inmates age 61 and older may have an exam every 12 months.

Inmates may have exams prior to the above-stated time periods if documented as medically necessary by the ophthalmologist/optometrist. Exams for contact lens, the

provision of lens and supplies will not be provided unless deemed medically necessary by the medical staff. Inmates will be scheduled on a first come/first served basis in the next available clinic.

2. **ORTHOTICS:** Foot orthotics will be provided, repaired or replaced if deemed medically necessary. Normal wear replacement will be once every five years as deemed necessary.
 3. **DENTAL:** Inmates will be provided with dental prosthetics once every five years as deemed necessary by dental services. Inmates will be charged for replacement of dental prosthetics lost or damaged through, misuse or nonuse within five years of the original delivery date. Payment must be made in advance of service. Prosthetics lost or non-repairable due to the actions of others may be replaced at no charge if a staff member submits the relevant documentation.
 4. **HEARING AIDS:** Inmates will be provided with a hearing aid as deemed medically necessary by medical services. Hearing aids will be replaced once every five years as needed and authorized. Hearing is considered adequate if an inmate can understand ordinary conversation in a reasonably quiet room. When an audiography is ordered, it will be ordered with respect to the purchase of a hearing aid for one ear only.
 5. **ARTIFICIAL LIMBS:** Inmates who come to prison with artificial limbs or prosthetics will be able to obtain maintenance for normal wear and tear upon authorization of the Chief Medical Officer. The Chief Medical Officer will consider the purchase of new artificial limbs and prosthetics based upon a functional assessment and authorization.
 6. **ARTIFICIAL EYES:** Inmates will be provided with artificial eyes based on medical necessity. They will not be provided for cosmetic appearances. Replacement will be once every 10 years as deemed necessary.
 7. **SPECIAL SHOES/BOOTS:** Inmates have the ability to purchase footwear at discounted prices through an authorized vendor catalogue. The DOC will not pay for footwear except in the following cases:
 - a. Severe foot deformities causing documentable problems regarding pain and function.
 - b. Inmates that request special bracing secondary to tonal influence.
 - c. Severe untreatable foot ulcers.
 - d. A lift needs to be added to the outside of the shoe and the authorized vendor catalogue shoes do not meet the requirement.
 8. **OTHER DEVICES:** Prosthetic/functional devices will be determined on a case-by-case basis, based upon medical necessity and authorized by the DOC Chief Medical Officer and in accordance with PPD 6.11 Medical/Dental Prosthetics.
- B. The following is a list of items exempted from charges:
1. Medical/dental appointments initiated by health staff, consultants or other departmental personnel.
 2. Inmates in admission status will be excluded from charges until they complete the first 14 days of incarceration.
 3. Juvenile inmates.
 4. Pregnant inmates whose illness relates to the pregnancy.
 5. Seriously mentally ill inmates will not be charged for mental health or psychiatric treatment. All other charges apply.
 6. Developmentally disabled inmates will not be charged for mental health or psychiatric care. All other charges apply.
 7. Inmates housed at the Secure Psychiatric Unit.
 8. Inmates who are scheduled by health staff for follow-up medical appointments for chronic diseases.
 9. Inmates on inpatient status
- C. Whenever inmates report sick call for a non-staff initiated medical/dental appointment, they will be required to fill out a cash withdrawal slip to be presented to health staff when

seen. The health staff will then assess the \$3.00 charge and forward the slip to Inmate Accounts for processing (Attachment 1). Inmates will not be seen unless a cash withdrawal slip has been completed.

- D. Inmate initiated requests for medical or dental appointments will be noted in the appointment book for practitioner notification and charge.
- E. A co-payment will not be charged if the health care service as determined by the health care staff is the result of an emergency.
 - 1. Emergencies are defined as any medical or dental condition for which evaluation and therapy are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen objectively apparent and disabling pain. Signs of objectively apparent and disabling pain may include, but are not limited to:
 - a. Visible injuries
 - b. High blood pressure
 - c. Rapid heart rate
 - d. Sweating
 - e. Pallor
 - f. Involuntary muscle spasms
 - g. Nausea
 - h. Vomiting, high fever, and facial swelling.
 - 2. Emergency also includes necessary crisis intervention for inmates suffering from situational crises or acute episodes of mental illness.
 - 3. Dental emergencies such as facial fractures and uncontrolled bleeding are not subject to the \$3.00 co-payment.
 - 4. In order for the co-payment to be waived under this category, the emergency must meet the criteria described in the definition of emergency above.
- F. Inmates with a negative inmate account balance will be charged and the negative balance will be kept on their inmate account. Whenever they receive funds the negative balance will be paid off before any other charges can be incurred.
- G. To appeal a medical or dental charge other than those where an inmate has been found guilty in a disciplinary hearing the inmate must use the grievance procedures and follow the appropriate chain of command. The Medical or Administrative Director of the Division of Medical and Forensic Services, the Assistant Commissioner, or the Commissioner are the only individuals authorized to waive charges.
- H. The Director of Quality Improvement will develop indicators to monitor the effects of co-pay charges and report those findings in quarterly and annual Quality Improvement reports.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Fourth Edition. Standards

Standards for Adult Community Residential Services
Fourth Edition. Standards

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

MACLEOD/pf

Attachment

Housing Unit		
INMATE'S FUND <u>CASH WITHDRAWAL OR DEPOSIT SLIP</u>		
No 219001	I.D. No.	
Cell #	Date:	Name:
Account Charged For	\$.....	
Account Credited For	\$.....	
Balance after this transaction	\$.....	
<u>Explanation:</u>		
Approved: Value Received:		
ADM-5		